

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019133

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2486

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

Robert M. Myers MEDICAL CERTIFICATION

1. FILED MAY 31 1962

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b

65 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 401 East 36 StInside Limits  
Yes ☒ No ☐

c. CITY

OR TOWN Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)  
808 1/2 West 29 St

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

FRANK

Middle

CASIMER

Last

SWANSON

4. DATE OF DEATH

Month May

Day

5

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-3-1872

9. AGE (last birthday)

90 yr

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shipping Clerk, ret.

10b. KIND OF BUSINESS OR INDUSTRY

Millinery

11. BIRTHPLACE (City and state or country)

Sweeden

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Swen Johnson

13b. MOTHER'S MAIDEN NAME

No. Record

14. NAME OF HUSBAND OR WIFE

Amy Swanson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Joy Roberts, 409 East 29 Ave, North Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypostatic Pneumonia -

INTERVAL BETWEEN ONSET AND DEATH

12 HRS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardiac Decompensation

2 wks

DUE TO (c)

Gen. Ant. Sclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Coronary Thrombosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3 May - 62, to and last saw him alive on 3 May 62

Death occurred at 4:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Robert M. Myers M.D.

906 Grand Ave

7 May 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-7-62

23c. NAME OF CEMETERY OR CREMATORY

Forest Hill

23d. LOCATION (City, town, or county)

Kansas City

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wagner Funeral Home, K. C. Mo.

25. DATE RECD. BY LOCAL REG.

5-7-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr Robt M. Weyman,  
Rector Wldg - No 2 - 4751

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Phillip L. Smith

Licensed Embalmer No. 5163

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.